



## Alabama State Board of Occupational Therapy

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P.O. Box 3926

334-353-4466

Montgomery, AL 36109-0926

### INSTRUCTIONS — APPLICATION FOR LIMITED PERMIT OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY ASSISTANT

This is an application for a limited permit to practice occupational therapy in Alabama. According to the practice act, the limited permit “shall allow the person to practice occupational therapy under the supervision of an occupational therapist who holds a current license in this state.” (Sec. 11c) A non-certified therapist (new graduate or foreign therapist eligible to take the exam) must have direct contact with a supervising therapist a minimum of 50 percent of patient treatment time.

The Alabama Occupational Therapy Practice Act (90-383) requires the following prior to an application being reviewed by the Board:

#### NEW GRADUATE:

1. completed and signed application
2. letter from your supervising occupational therapist verifying employment and supervision (form enclosed)
3. a letter of verification from your curriculum director stating that you have completed all field work and are eligible to take the exam
4. verification from each state where you have been issued a license, limited permit or any form of provisional license whether current or not
5. appropriate fee (cashier's check or money order)

#### FOREIGN THERAPIST:

1. completed and signed application
2. letter from your supervising occupational therapist verifying employment and supervision (form enclosed)
3. a letter of verification from NBCOT stating that you are eligible to take the exam
4. verification from each state where you have been issued a license, limited permit or any form of provisional license whether current or not
5. appropriate fee (cashier's check or money order)

Your limited permit shall be valid for 120 days. Upon certification, applicants may apply for a license subject to meeting the qualifications and application review by the board. If applicant has not been certified and issued a license within the 120 days, this limited permit will expire. If applicant fails the examination, this permit shall be voided. Limited permits are not renewable.

DO NOT DETACH THIS PAGE

## ALABAMA STATE BOARD OF OCCUPATIONAL THERAPY

# APPLICATION FOR LIMITED PERMIT OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

IMPORTANT: ALL QUESTIONS AND STATEMENTS MUST BE ANSWERED. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY BE SUBJECT TO ADDITIONAL PROCESSING FEES.

1. I hereby make application for licensure to practice as an: (check one): <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Occupational Therapy Assistant					<b>OFFICE USE ONLY</b>  NAME (Last, First, M.I.)  Expiration Date  Date Filed  Date Received  Amount Received  Limited Permit																								
Date of Application		Social Security Number																											
2. Name (Last, First, Middle)																													
3. MAILING ADDRESS (Street, P.O. Box, Rural Route)																													
City		Telephone (area code and number)																											
State	Zip Code																												
4. Employer Name																													
Facility Address		Telephone (area code and number)																											
City	State	Zip Code	Date Employment Will Begin:																										
Supervising Occupational Therapist Name: _____ Alabama License No.: _____																													
5. Date and place of birth:																													
6. Physical Characteristics	Height	Weight	Color Hair	Color Eyes																									
Other identifying marks:																													
7. Name of Spouse																													
8. Father's Name			Mother's Maiden Name																										
9. Area of practice or special interests (check as many as you wish). <table border="0"> <tr> <td>Mental Health</td><td>_____</td> <td>Education</td><td>_____</td> <td>Pets</td><td>_____</td> </tr> <tr> <td>School System</td><td>_____</td> <td>Pediatrics</td><td>_____</td> <td>Driving</td><td>_____</td> </tr> <tr> <td>Physical Disability</td><td>_____</td> <td>Technology</td><td>_____</td> <td>Aquatics</td><td>_____</td> </tr> <tr> <td>Management/Admin</td><td>_____</td> <td>Gerontology</td><td>_____</td> <td>Other</td><td>_____</td> </tr> </table>						Mental Health	_____	Education	_____	Pets	_____	School System	_____	Pediatrics	_____	Driving	_____	Physical Disability	_____	Technology	_____	Aquatics	_____	Management/Admin	_____	Gerontology	_____	Other	_____
Mental Health	_____	Education	_____	Pets	_____																								
School System	_____	Pediatrics	_____	Driving	_____																								
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Management/Admin	_____	Gerontology	_____	Other	_____																								
10. EDUCATION A. List names of institutions attended after high school with location, dates, and degrees, beginning with most recent.					Attach photograph — PHOTO — Not retouched, showing head-shoulders Front view. (Passport size — 2" x 2") Must be attached here. DO NOT USE STAPLES.																								
Institution/Location		Dates		Degree																									

11. EDUCATION (Continued)

B. Occupational Therapy Program attended

Name	Location
Dates of Attendance	
Graduated (month, day, year)	

C. Occupational Therapy Degree

<input type="checkbox"/> OT Assistant, A.A.  <input type="checkbox"/> OT, B.S./B.A.  <input type="checkbox"/> OT, M.S./M.O.T.	<input type="checkbox"/> Certificate  <input type="checkbox"/> Other (explain) _____ _____
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12. Have you ever had a license, limited permit or any form of provisional license to practice occupational therapy issued to you by another state?  
If yes, please list state(s), number(s) and dates.

Name of State	License Number	Date Obtained	Date Expires	How Obtained (exam, endorsement, etc.)

13. Professional Practice. List the places where you have practiced as an Occupational Therapist/Assistant, within the last five years, beginning with the most recent. (Attach separate sheet if necessary)

Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving

If the answer to any of the following questions (14 through 19) is yes, please attach a separate sheet and give complete details.	YES (✓)	NO (✓)
14. Have you ever been sued for malpractice?		
15. Have you ever pled guilty or been convicted of a misdemeanor or felony criminal offense? If yes, please list state, charge and outcome.		
16. Have you ever been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy?		
17. Has any state, nation, or territory licensing authority denied, reprimanded, suspended, or revoked a license issued to you?		
18. Do you have a physical or mental disability?		
19. Does this disability impair your performance as an occupational therapist/assistant?		

A LICENSE MAY BE DENIED, SUSPENDED, OR REVOKED OR A LICENSEE OTHERWISE DISCIPLINED IF THE APPLICANT OR LICENSEE HAS OBTAINED OR ATTEMPTED TO OBTAIN A LICENSE BY FRAUD OR DECEPTION (SEE § 34-39-12, ALABAMA OCCUPATIONAL THERAPY PRACTICE ACT).

#### AFFIDAVIT OF APPLICANT

NOTE: THIS CERTIFICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC.

THE STATE OF \_\_\_\_\_ THE COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this date personally appeared \_\_\_\_\_ who being duly sworn by me stated that he/she is the person referred to in this application for license as an Occupational Therapist or Occupational Therapy Assistant in the State of Alabama, and that the statements herein are each, and all, strictly true in every respect.

\_\_\_\_\_  
Signature of Applicant

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ in and for the State of \_\_\_\_\_

**Enclosed is a cashier's check or money order in the amount indicated below, made payable to the Alabama State Board of Occupational Therapy Fund.**

Fee for limited permit

Occupational Therapist \$25.00 ☐

Occupational Therapy Assistant \$25.00 ☐

Total amount enclosed \$ \_\_\_\_\_

Complete application and mail with appropriate fee to:

**Alabama State Board of Occupational Therapy**

P.O. Box 3926

Montgomery, AL 36109-0926

**CONFIRMATION OF  
LIMITED PERMIT HOLDER  
SUPERVISION**

**Limited Permit Applicant:** Please complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Supervising Therapist:** Please complete the following:

Supervision of a limited permit holder is a minimum of 50% on site by an Alabama licensed occupational therapist. Please sign to confirm that the above stated limited permit holder will receive the required supervision upon issuance of said limited permit.

Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Facility \_\_\_\_\_

(if different from above)

Address \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

Effective date of employment \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

License # \_\_\_\_\_ Date \_\_\_\_\_